



## REGIONAL PARTNERSHIP GRANTS

Grant Period: 2018–2023

### PRESERVING FAMILIES THROUGH PARTNERSHIPS IN CENTRAL MISSOURI

**LEAD AGENCY:** Preferred Family Healthcare, Inc.

**TARGET SERVICE AREAS:** Cole, Boone, and Callaway Counties

**LOCATION:** Kirksville, Missouri

**ADMINISTRATION FOR CHILDREN AND  
FAMILIES REGION:** 7

**CONGRESSIONAL DISTRICT SERVED:** MO-003

### BRIEF PROGRAM DESCRIPTION

**PROGRAM DESCRIPTION:** Preferred Family Healthcare, Inc.'s (PFH) Preserving Families Through Partnerships project in Central Missouri (PFTP-CM) focuses on increasing family and child safety, recovery, permanency, and well-being, and on promoting the safety and stability of families. PFTP-CM promotes integrated care through innovative, relevant, and effective programs.

PFTP-CM serves families with children at risk of or in out-of-home care due to substance use by their parent or caretaker, defined by having an active Children's Division child abuse or neglect referral or open case. PFTP-CM coordinates and integrates comprehensive services that include (1) enhancing access to treatment settings by offering assistance with linkage to childcare providers, transportation, recovery management, and intensive case management; (2) incorporating interventions designed to bolster parent-child interaction; (3) matching services that address multiple client needs through one service delivery mechanism; and (4) bolstering client-provider relations to ensure treatment retention and completion.

PFTP-CM is a trauma- and evidence-informed, community-centered project intended to preserve families, and includes four design innovations (Parent Child Assistance Program, Wrap Around Approach, Living In Balance, and Helping Women/Men Recover) that address lessons from previous Regional Partnership Grants (RPGs). PFTP-CM incorporates the Signs of Safety Protective Practice Framework used by the Children's Division as its core assessment, case planning, and service delivery approach.

**TARGET POPULATION:** The target population is families with children at risk of or in out-of-home care due to substance use by their parents or caretaker, defined as having an active Children's Division child abuse or neglect referral or open case with parental substance use disorder (SUD) issues.

**PROJECTED NUMBERS SERVED:** PFTP-CM will serve 180 families, including 419 children, over the 5-year grant period.

### MAJOR PROGRAM GOALS

**GOAL 1:** Enhance recovery from SUD and co-occurring disorder by integrating and coordinating treatment as a core component of child welfare services.

**GOAL 2:** Enhance family and child safety with coordination of care across multiple settings.

**GOAL 3:** Improve family and child permanency with coordination of care across multiple settings.

**GOAL 4:** Enhance family and child well-being with coordination of care across multiple settings.

## KEY PROGRAM SERVICES

- Wrap-Around Case Management
- Adaptation of Evidenced-Based Practices for In-Home Use (Living In Balance and Helping Women/Men Recover)
- Nurturing Parenting Program (including Families of Substance Abuse Treatment & Recovery)
- Parent-Child Assistance Programs
- Traditional/Short Term Substance Use Disorder Treatment
- 24/7 Fathers Program
- Cognitive Behavioral Therapy
- Eye Movement Desensitization and Reprocessing
- Motivational Interviewing
- Matrix Model
- Moral Reconnection Therapy
- Trauma-Focused Cognitive Behavioral Therapy
- Seeking Safety
- Residential/Inpatient Treatment (Short Term (<=30 days))
- Residential/Inpatient Treatment—Specialized for Parents With Children (not mutually exclusive from short or long term)
- Medication-Assisted Treatment
- Living in Balance
- 12-Step Facilitation Therapy
- Peer Support Services

## PARTNER AGENCIES AND ORGANIZATIONS

- Boone County Community Services
- Boone County Community Services Fund
- Cole County Health Department
- Columbia College
- Compass Health
- Federally Qualified Health Center: Community Health Center of Central Missouri
- Head Start
- Joy and Gladness Children's Academy and Boys and Girls Club
- Juvenile Justice Center/Prenger Family Center
- Lincoln University
- Missouri Alliance for Children and Families (MACF) (Privatized foster care case management)
- Missouri Department of Mental Health
- Missouri Department of Social Services, Children's Division
- Missouri Institute of Mental Health
- Missouri Foundation for Health
- Missouri Vocational Rehabilitation and Careers Centers
- Phoenix Programs
- Rape and Abuse Crisis Services and Callaway County Coalition Against Rape and Domestic Violence
- SSM Health and Capital Region Clinics
- Stakeholder Committee
- The Samaritan Center, Angel Food Ministries, Serve Food Pantry
- University of Missouri-Columbia

## EVALUATION DESIGN

The grantee's local evaluation has two components: an impact study and a process collaboration study. The grantee is also participating in the RPG cross-site evaluation studies of family and child outcomes, program implementation, and collaboration among RPG grantees and partners.

## **IMPACT STUDY DESIGN**

The grantee uses a Randomized Control Trial (RCT) design to examine the impact of its RPG services among participating families. The RCT includes two program groups and one comparison group. All three groups receive a set of core services, which include enhanced case management, peer mentor support, access to SUD treatment, access to employment and job training/skill-building services, access to primary and basic behavioral health care, the Nurturing Parenting Program for Parents in Substance Abuse Treatment and Recovery, and specialized parenting and behavior management support. In addition to the core services, members of both program groups receive the support of a family advocate, whose role is to provide outreach and advocacy for families, develop and coordinate individualized service delivery plans for each family member, and provide program services. One of the two program groups receives trauma education services from the Helping Men Recover/Helping Women Recover program, and the other program group receives relapse prevention services using Living in Balance. Services last an average of 8 months for all three groups. The impact study includes 180 families, with 60 in each of the two program groups and 60 in the comparison group. The grantee examines impacts in the following domains: permanency, safety, child well-being, family functioning, and recovery.

Data sources include administrative data and information gathered by program and evaluation staff using standardized instruments for program and comparison groups. At baseline, program staff administer three instruments (the Addiction Severity Index (ASI), the Post Traumatic Stress Diagnostic Scale (PDS), the Adverse Childhood Experience Survey, and the North Carolina Family Assessment Scale) at 30 days and 6 months post-intake and at case closure. Evaluation staff administer cross-site measures at baseline and the following site-specific tools: the Connor Davidson Resilience Scale, Parenting Stress Index, and Trauma Symptoms Checklist for Children or Young Children. Evaluators collect the Working Alliance Inventory at 45 days post-intake and every 90 days until case closure. There are four targeted data collection points for each family: (1) baseline (beginning of services), (2) 6 months following baseline, (3) case closure (at the end of services), and (4) 6 months following case closure. Evaluation staff collect the same measures, plus the ASI and PDS, at follow-up as at baseline.

## **PROCESS AND COLLABORATION STUDY DESIGN**

In the process and collaboration study, the grantee examines progress toward project goals, implementation of the program, organizational readiness for implementation, and the collaboration process among partners. The study examines whether fidelity of program implementation is established and maintained during the grant period, how various stakeholders (families, service providers, and service team staff) perceive the effectiveness of the program components, and the prevalence of shared ideas and values between the grantee and its partners. Data sources include program documents, case records, administrative data, interviews and focus groups with program staff and participants, and surveys of organization and partner staff.

## **SUSTAINABILITY STRATEGIES AND ACTIVITIES**

PFTP-CM has a multifaceted approach to sustainability, which is incorporated into every level of planning, implementation, and evaluation. Memoranda of Understanding signed during the development of this profile include a commitment from partners to prioritize sustainability of the program. PFTP-CM maintains community partner engagement in the planning and operation of its program through broad outreach and collaboration. The Stakeholder Team meeting addresses

sustainability as a key point of discussion in regular meetings. Quarterly reports with data, project activities, and outcomes are shared widely. New and relevant knowledge generated from the PFTP-CM project is analyzed and disseminated in order to effect sustainable, systemic change in the prevention of child maltreatment.

PFH's RPG programs have drawn substantial support from the Missouri Departments of Mental Health and Social Services, and advocacy efforts continue to identify funding sources, including adding such family support projects as a set-aside in the state budget. Medicaid remains the largest payer in Missouri for many of the services provided through this program; this is a key factor in obtaining approval of funding. Medicaid remains a vital source of safety-net funding in Missouri, including for payment of much-needed support services for families served by PFH. Systemic change effected through RPG's and PFH's family support programs is essential to replication and sustainability of practices and continuum-of-care coordination among providers and presents opportunities for leveraging other sources of private, corporate, federal, state, and local funding.

**This grantee profile is supported by the Administration on Children, Youth, and Families Children's Bureau, under contract HHSS270201700001C. This content represents the work of the Center for Children and Family Futures and does not reflect the opinions of the Administration on Children, Youth, and Families.**